

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039919

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 471

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED NOV 8 1962

1. PLACE OF DEATH

a. COUNTY

St François

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Bonne TerreLength of stay in 1b
6 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Bonne Terre HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

St Francois

c. CITY
OR
TOWN Bonne TerreInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 225 N. Division

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Anna Elizabeth Killian

4. DATE
OF
DEATH

Month

Day

Year

Oct 31, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-3-1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY

Church Rectory

11. BIRTHPLACE (City and state or country)

St Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

US

13a. FATHER'S NAME

Henry Killian

13b. MOTHER'S MAIDEN NAME

Clara Mei

14. NAME OF HUSBAND OR WIFE

- - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of servi

No

16. SOCIAL SECURITY NO.

06

17. INFORMANT

Edna Wilfong, 113 Fite St. Mo.

Address Bonne Terre,

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH
6 daysConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertension

many yrs.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1955

to 10-31-62

and last saw her alive on 10-31-62

Death occurred at 4:20 p.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Bonne Terre, Missouri

22c. DATE SIGNED

11-2-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Nov 2, 1962

23c. NAME OF CEMETERY OR CREMATORY

St Joseph Catholic

23d. LOCATION (City, town, or county)

Bonne Terre, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

C.Z. Boyer & Son, Bonne Terre, Mo.

25. DATE RECD. BY LOCAL REG.

Nov. 2, 1962

26. REGISTRAR'S SIGNATURE

Catherine Rudloff

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Burke T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.